Approved for use through 7/31/2006, CMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004 | | | | | | | | | Appl | Application of Doctor Number | | |
|---|---|---|---|---|---|---|-----------------|-----------------------------|------|------------------------------|-----------------------------|--|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY | | | | | | | | | OR | OTHER THAN SMALL ENTITY | | |
| | FOR | · HUI | HUMBER FILED | | NUMBER EXTRA | | RATE (1) | FEE (S) | 1 | RATE (\$) | FEE (\$) | |
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | | (c)) | NA | | . N/A | | NA | 150.00 |] " | NA | 300.00 | |
| SEARCH FEE (37 CFR 1 16(N), (1), or (m)) | | | · N/A | | NIA. | | - N/A | \$250 | 7 | N/A | \$500 | |
| EXAMINATION FEE (3) CFR 1.16(a), (p), or (q)) | | | N/A . | | 1 N/A | | NA | \$100 | | N/A | \$200 | |
| TOTAL CLAIMS (37 CFR 1.16(1)) | | | minus 20 = | | | | X\$ 25 . | | OR | X\$50 _ | | |
| INDEPENDENT CLAIMS (37 OFR 1.16(h)) | | VIMS | minus 3 = | | | | X100 . | | 1 | X200 . | | |
| APF | ALICATION SIZE | sheets is \$250 addition | If the specification and dr sheets of paper, the appl is \$250 (\$125 for small er additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) and | | olication size fee due entity) for each traction thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II)) | | | | | | | ·+180= | . 1 | j | +360= | | |
| *. If the difference in column 1 is less then zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | | |
| ///30/APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL 6 | ENTITY | OR | | R THAN ENTITY | |
| AMENDMENT A | | CLÁIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT. EXTRA | | RATE (3) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE/(\$) | |
| | Total profesion | .21 | Minus | 21 | 2 | | X\$ 25 . | | OR | X\$50 . | 7 | |
| | Independent D7 CFR L16hb | . 4 | Minus. | 1" 4 | 2 | | X100 _ | | OR | X200 _ | 1 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | 4 | | | - | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) | | | | |] | +180= · | | QR | +360= | | |
| | | | | | | | ADD'L FEE | | OR | TOTAL ADD'L FEE | · | |
| <u> </u> | • | (Column 1) | | (Column 2) | (Column 3) | | | | | • | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDI- TIONAL FEE (3) | · | RATE (\$) | ADDI- TIONAL FEE (\$) | |
| | Total (27 CFR L16(1) | | Minus. | •• | * | | X\$ 25 . | | OR | X\$50 = | | |
| | . Independent pr cFR 1,100,0 | • | Minus | *** | a | | X100 " | | OR 1 | X200 | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) | | | | | | +180= | | OR | +360≖ | | |
| # If the active in column 4 to local than the entire to enterm 2 units 200 to return 2 | | | | | | | TOTAL ADD'L FEE | | OR : | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". | | | | | | | | | | | | |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradsmark Office, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.